U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 829	2. Fiscal Year Covered From:		
<i>\$</i>	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name EDDIE ALLERS	Name IBT LOCAL 272		
	Labor Organization File Number 010-930		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1050 MAYFAIR ROAD	Street 220 EAST 23RD STREET		
City UNION	City NEW YORK		
State NEW JERSEY ZIP Code + 4 07083	State NEW YORK ZIP Code + 4 /00/0		
5. Position in labor organization.  SECRETARY TREASURER	BUSINESS MANAGER		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
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Name of Person Filing EDDIE ALLERS	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business /ely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ARK ASSET MANAGEMENT Co. INC.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	a. Labor Organization  b. Trust  c. Employer	
Street 125 BROAD 57.  City NEW YORK  State NEW YORK ZIP Code + 4 10004		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name LOCAL 273 PGN510N \$ TRVST FUND  Trade Name, if any:	INVESTMENT ADVISOR FOR RELATED PENSION FUND.	
P.O. Box, Bldg., Room No., if any		
Street 220 E. 23 RD 57REE7	11.b. Approximate dollar value of such dealing.	
	11.b. Approximate donar value of such dealing.	
City NEW YORK	12 a Nature of interest held or income received	
State NEW YORK ZIP Code + 4 10010	12.a. Nature of interest held or income received.  EDUCATIONAL CONFERENCE  INTERNATIONAL BENEFITS  FOUNDATION - NEW ORLEANS.	
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	EDUCATIONAL CONFERENCE  INTERNATIONAL BENEFITS  FOUNDATION - NEW ORLEANS.  12.b. Amount.  # 262.92  r parts A and B above) or other thing of value.	
State NEW YORK ZIP Code + 4 /0010  C. Received from any employer (other than an employer covered under	EDUCATIONAL CONFERENCE  INTERNATIONAL BENEFITS  FOUNDATION - NEW ORLEANS.  12.b. Amount.  # 262.92	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	EDUCATIONAL CONFERENCE  INTERNATIONAL BENEFITS  FOUNDATION - NEW ORLEANS.  12.b. Amount.  # 262.92  r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	EDUCATIONAL CONFERENCE  INTERNATIONAL BENEFITS  FOUNDATION - NEW ORLEANS.  12.b. Amount.  # 262.92  r parts A and B above) or other thing of value.	
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Name   Labor Organization   La	substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc	rwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	
Name   Trade Name, if any:   P.O. Box, Bidg., Room No., if any	Name Local 272 PENSION & WELFARE TRUST FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 220 E. 23RD STREET  City NEW YORK	a. Labor Organization b. Trust	
City State  ZIP Code + 4  ZIP Code + 4  12.a. Nature of interest held or income received.  EDUCATION AL CONFERENCE TANTER NATIONAL BENEFITS FOUNDATION - NEW ORLEAMS  12.b. Amount.  # /552.50  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  21P Code + 4  14.b. Amount of payment.	Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	RELATED HEALTH + WELFARE FUND	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  14.b. Amount of payment.		12.a. Nature of interest held or income received.  EDUCATIONAL CONFERENCE	
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	State ZIP Code + 4	FNTERNATIONAL BENEFITS FOUNDATION - NEW ORLEAMS	
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Name of Person Filing EDDIE ALLERS		File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name ICC CAPITAL MANAGEMENT  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 27th FLOOR  Street 390 NORTH DRANCE AVENUE  City ORLANDO  State FLORIDA ZIP Code + 4 32801	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	nc
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such dealing  INVESTMENT  WELFARE FUN  11.b. Approximate dollar value	ADVISOR FOR RELATED
State NEW YORK ZIP Code + 4 10010	12.a. Nature of interest held or income received.  DINNER MEETING AT TEAMSTERS  UNITY CONFERENCE MAY 2004.	
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	12.b. Amount.	\$ 250.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	\$ 250.50
	r parts A and B above)	\$ 250.50
or from any labor relations consultant to an employer any payment of money  *3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	r parts A and B above) or other thing of value.	